

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030355

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7511

FILED JUL 25 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **5724 Delor St.**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
5724 Delor St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Lillian Neal O'Keefe4. DATE
OF DEATH Month Day Year
July 19 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8/25/18839. AGE (last birthday)
79IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
10 2410a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Retired11. BIRTHPLACE (City and state or country)
Leavenworth, Kansas12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Charles Finn

13b. MOTHER'S MAIDEN NAME

Eliza Neal

14. NAME OF HUSBAND OR WIFE

James L. O'Keefe15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. 17. INFORMANT

Charlotte Russo 5724 Delor St.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary EdemaINTERVAL BETWEEN
ONSET AND DEATH
2 hours

DUE TO (b)

Myocardial Infarction**3 hours**

DUE TO (c)

Chronic Myocarditis**5 years**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (e)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
420120c. TIME OF
INJURY Hour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **March 6, 1956** to **7/19/63** and last saw her alive on **7/19/63**
Death occurred at **9:35 P.** on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS

7430 Virginia Ave.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/23/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

Gebken Sons**2630 Gravois Ave.**

25. DATE RECD. BY LOCAL REG.

JUL 22 1963

26. REGISTRAR'S SIGNATURE

[Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Yau M. Simon

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.